



APPLICATION FOR EXAMINATION FOR AUCTIONEER LICENSE, LICENSE BY RECIPROCITY, OR TEMPORARY PERMIT

State Form 18479 (R9 / 11-02)

Approved by State Board of Accounts, 2002

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204
Telephone Number (317) 232-2980
www.in.gov/pla

INSTRUCTIONS: Complete appropriate sections and return with fees.
Further Instructions on reverse side.

Type of action requested (check one):	<input type="checkbox"/> Examination only: \$25	* Your Social Security number is requested as stated in I.C. 4-1-8-1; disclosure is mandatory. The number will be given to the Indiana Department of Revenue.
Fees:	<input type="checkbox"/> Reciprocal applicant: \$35	
	<input type="checkbox"/> Temporary permit: \$50	

I. APPLICANT INFORMATION (to be completed by ALL applicants)			
Name of applicant (print or type)		Social Security number *	Age
Resident address (number and street)		Resident telephone number ()	
City/Town, county, state, ZIP code			
Name of business		Business telephone number ()	
Business address (number and street)			
City/Town, county, state, ZIP code			
Mailing address (number and street)			
City/Town, county, state, ZIP code			
Name of Pre-Licensing school		Date of graduation	
If currently licensed as a real estate salesperson or broker in Indiana, give license number:		Broker license number	Salesperson license number
Has your application for a license as an auctioneer or apprentice auctioneer ever been rejected in this or any other state? If so, explain on a separate sheet where, exact date, and full details of rejection.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your license as auctioneer or apprentice auctioneer ever been revoked in this or any other state? If so, explain on a separate sheet where, exact date and full details of revocation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been licensed in this or any other state as an auctioneer or apprentice auctioneer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where?	When licensed?		License number
Have you committed an act which would constitute a ground for disciplinary sanction under I.C. 25-6.1-4-1.1?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony that has a direct bearing on your ability to practice competently?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that this application must be completed and on file in the office of the Indiana Auctioneer Commission thirty days prior to the date of the examination for which you are applying? (Examination Applicant Only)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read and do you understand the provisions of The Auctioneer and Auction Licensing Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that all licenses expire on February 28th of the next even numbered year after issuance, and renewals must be postmarked no later than midnight, February 28 of the year of expiration?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you display your license in a conspicuous manner in your place of business?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that an auctioneer license must be kept in your custody and immediately returned by you to the INDIANA AUCTIONEER COMMISSION upon suspension or revocation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of applicant			Date

(Continued on the reverse side)

II. TEMPORARY PERMIT APPLICATION

Pursuant to 812 IAC 1-1-17, applicants for Indiana temporary permits MUST enclose a personally written letter from the owner and/or owners of said property to be sold at auction, requesting and attesting to the necessity of the applicant's services as auctioneer conducting said sale.

Date of auction	Location of auction
Owner of property	Property to sold

FEE: \$50.00. You will automatically be scheduled for the next examination following receipt of your application by the agency. You will be notified by mail at least ten days prior to the exam date.

III. LICENSE BY RECIPROCITY

Please include letter of certification of licensure from the state board of your domicile. You must reside in one of the following states AND hold a current auctioneer license in that state:

Alabama	Arkansas	Florida	Georgia	Illinois	Kentucky	North Carolina	Ohio
Pennsylvania	Rhode Island	South Carolina	Tennessee	Texas	Virginia	West Virginia	

CALIFORNIA APPLICANTS: If you obtained your license prior to May 1, 1992, please complete this section. If your license was granted after May 1, 1992, you must complete section IV of this application.

FEE: \$35.00

**APPOINTMENT OF INDIANA AUCTIONEER COMMISSION AS AGENT OF AUCTIONEER TO
ACCEPT SERVICE OF PROCESS OR PLEADING:**

I, _____ of the city of _____, State of _____, do hereby appoint the Indiana Auctioneer Commission as my agent, for the receipt of service of process or pleading in said State of Indiana, upon which Indiana Auctioneer Commission process or pleadings against me may be served. I do hereby consent that suits and actions may be commenced against me in the proper court of any county in the State of Indiana in which the plaintiff may reside by the service of any process or pleadings authorized by the laws of the State of Indiana on the Indiana Auctioneer Commission, and I do hereby stipulate and agree that such service of process or pleadings on the Indiana Auctioneer Commission shall be taken and held in all courts to be as valid and binding upon me as if due service had been made upon me personally within the State of Indiana.

The foregoing appointment, consent, stipulation, and agreement shall be deemed to be as is irrevocable.

IV. EXAMINATION ONLY

Complete section I of this application and pay required fees.

FEE: \$25.00

Please include a copy of your certificate or course completion with this application.

If you have not completed your education, you must provide a copy of your certificate of course completion at the examination site at the time of admittance.

Please check here if so: ☐

NOTARY CERTIFICATE (SWORN OATH)

(Applicant Must Sign and Acknowledge Before An Officer Competent To Administer Oath, The Following Affidavit.)

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to <i>(Notary Public)</i>	County of residence	Date commission expires